

UNITE3D STATES POSTAL SERVICE

PS Form 3811, Feb 2004

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><i>John M. Creque</i> <i>Deputy Attorney General</i> <i>Dept. of the Attorney General</i> <i>State of Hawaii</i> <i>425 Queen Street</i> <i>Honolulu, Hawaii 96813</i></p>		<p>B. Received by (Printed Name) <i>A. Hipter</i></p>	<p>C. Date of Delivery <i>SEP 06 2012</i></p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p><i>7011 3500 0001 7147 7657</i></p>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>Shaneil Sarsuelo</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><i>Michael J. Udovic</i> <i>Deputy Corp. Counsel</i> <i>County of Hawaii</i> <i>333 Kilauea Ave. 2d Floor</i> <i>Hilo, Hawaii 96720</i></p>		<p>B. Received by (Printed Name) <i>Shaneil Sarsuelo</i></p>	<p>C. Date of Delivery <i>9/6/12</i></p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p><i>7011 3500 0001 7147 7664</i></p>	
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